

Antidepressants 2004

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Objective: To provide an overview on the antidepressants available in the U.S. in 2004

1. Checklist for a New Antidepressant Treatment
 - A. Is it different?
 - B. Does it work?
 - C. Is it safe?
 - D. Does it work faster?
 - E. Is it better tolerated?
 - F. Does it cost less?
2. Messages that Promote Adherence
 - A. Take medication daily
 - B. Antidepressants must be taken for at least 2 to 4 weeks for a noticeable effect
 - C. Continue medication even when feeling better
 - D. Do not stop medication without checking with physician
 - E. Ask about prior use of antidepressants
 - F. Antidepressants are not addictive
 - G. Mild side effects are common and often improve after 7 to 10 days
 - H. Call with any questions
3. Tricyclics (exs: Amitriptyline, Desipramine, Nortriptyline)
 - A. Many side effects, especially older ones
 - B. Very toxic in overdose
 - C. To be avoided in older patients
4. Selective Serotonin Reuptake Inhibitors (SSRIs)
 - A. Six available now
 1. Citalopram (Celexa)
 2. Escitalopram (Lexapro)
 3. Fluoxetine (Prozac)
 4. Fluvoxamine (Luvox)
 5. Paroxetine (Paxil)
 6. Sertraline (Zoloft)
 - B. Most common first line treatment of depression

- C. Side Effects
 - Sexual dysfunction
 - Weight gain
 - Nausea
 - Insomnia
- 5. Serotonin, Norepinephrine Reuptake Inhibitors
 - A. Duloxetine (Cymbalta)
 - B. Venlafaxine (Effexor)
- 6. Atypical Antidepressants
 - A. Bupropion (Wellbutrin, Zyban)
 - B. Mirtazapine (Remeron)
 - C. Nefazodone (Serzone)
 - D. Trazodone (Desyrel)
- 7. Antidepressants and Suicidality
- 8. Treatment Resistance and Augmentation Strategies
 - A. MAOIs
 - B. Lithium
 - C. Synthroid
 - D. Stimulants
 - E. ECT
 - F. Vagal nerve stimulation